### KANSAS GOVERNMENTAL ETHICS COMMISSION

JUL 2 0 2006

RON THORNBURGH

RECEIPTS AND EXPENDITURES REPORT OF A CANDIDATE FOR STATE OFFICE

JULY 24, 2006

FILEWITH SECRETARY OF STATE AND CANDIDATE'S COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS

| SEE REVERSE SIDE FOR INSTRUCTIONS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Α.                                | Name of Candidate: Carl D. Holmes for State Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                   | Address: P. O. Box 2288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                   | City and Zip Code: Liberal, KS 67905-2288 County: Seward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                   | Office Sought: Kansas House of Representatives District: 125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                                   | Maria |  |  |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| B.                                | Check only if appropriate: Amended Filing Termination Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| C.                                | Summary (covering the period from January 1, 2006 through July 20, 2006)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                   | 1. Cash on hand at beginning of period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                   | 2. Total Contributions and Other Receipts (Use Schedule A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                   | 3. Cash available this period (Add Lines 1 and 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                   | 4. Total Expenditures and Other Disbursements (Use Schedule C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                   | 5. Cash on hand at close of period (Subtract Line 4 from 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
|                                   | 6. In-Kind Contributions (Use Schedule B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                   | 7. Other Transactions (Use Schedule D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Haranger                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| D.                                | "I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| 0                                 | 125 2001 Stige 1 11/10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Dat                               | e Willyrda Holmes Signature of Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

GEC Form Rev, 2001

#### Schedule A Contributions and Other Receipts

## Carl D. Holmes for State Representative

| Date<br>Received<br>by Treasurer | Name and Address of Contributor | Occupation of Individual Giving more than \$150 PAC Affiliation | Type of contribution | Amount of<br>Cash,<br>Check, Loan or<br>other Receipt |
|----------------------------------|---------------------------------|-----------------------------------------------------------------|----------------------|-------------------------------------------------------|
| 7/17/2006                        | KS Chamber of Commerce &        | Chamber of                                                      | contribution, check  | \$100.00                                              |
|                                  | 835 S.W. Topeka Blvd            | Commerce                                                        |                      |                                                       |
|                                  | Topeka KS 66612                 |                                                                 |                      |                                                       |
| 7/17/2006                        | KS Committee for Rural          | Electric                                                        | contribution, check  | \$200.00                                              |
|                                  | Electrification                 | Cooperatives                                                    | ,                    | ,                                                     |
|                                  | PO Box 790                      |                                                                 |                      |                                                       |
|                                  | Meade KS 67864                  |                                                                 |                      |                                                       |
| 7/17/2006                        | Aquila, Inc                     | Gas & Electric Utility                                          | contribution, check  | \$500.00                                              |
|                                  | PO Box 412237                   | , and a 2,000,000 out,                                          | ,                    | ,                                                     |
|                                  | 20 West 9th Street              |                                                                 |                      |                                                       |
|                                  | Kansas City KS 64141            |                                                                 |                      |                                                       |
| 7/17/2006                        | Daniels                         | Independent Oil &                                               | contribution, check  | \$50.00                                               |
|                                  | James                           | Gas                                                             |                      |                                                       |
|                                  | 250 N. Water St STE 300         |                                                                 |                      |                                                       |
|                                  | Wichita KS 67202                |                                                                 |                      |                                                       |
| 7/17/2006                        | Vess                            | Independent Oil &                                               | contribution, check  | \$100.00                                              |
|                                  | Michael                         | Gas                                                             |                      |                                                       |
|                                  | 8100 E. 22nd North Bldg 300     |                                                                 |                      |                                                       |
|                                  | Wichita KS 67226                |                                                                 |                      |                                                       |
| 7/17/2006                        | Damar Resources                 | Indepentent Oil &                                               | contribution, check  | \$50.00                                               |
|                                  | PO Box 70                       | Gas                                                             |                      |                                                       |
|                                  | Hays KS 67601                   |                                                                 |                      |                                                       |
| 7/17/2006                        | White                           | Indepentent Oil &                                               | contribution, check  | \$50.00                                               |
|                                  | Kenneth                         | Gas                                                             |                      |                                                       |
|                                  | 14620 E. Summerfield            |                                                                 |                      |                                                       |
|                                  | Wichita KS 67230                |                                                                 |                      |                                                       |
| 7/17/2006                        | KS Bankers Association PAC      | Kansas Bankers<br>Association PAC                               | contribution, check  | \$250.00                                              |
|                                  | PO Box 4407                     |                                                                 |                      |                                                       |
|                                  | Topeka KS 66604-04              |                                                                 |                      |                                                       |
| 7/17/2006                        | KS Contractors Association      | Kansas Contractors<br>Association PAC                           | contribution, check  | \$500.00                                              |
|                                  | PO Box 5061                     |                                                                 |                      |                                                       |
|                                  | Topeka KS 66605                 |                                                                 |                      |                                                       |
| 7/17/2006                        | Pioneer Communications          | Telecommunications                                              | contribution, check  | \$500.00                                              |
|                                  | P.O. Box 707                    |                                                                 |                      |                                                       |
|                                  | Ulysses KS 67880-07             |                                                                 |                      |                                                       |
| Subtotal this Typ                | pe of Contribution              |                                                                 | contribution, check  | \$2300.00                                             |
|                                  |                                 |                                                                 | *                    |                                                       |

#### Schedule A Contributions and Other Receipts

## Carl D. Holmes for State Representative

| Date<br>Received<br>by Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name and Address of Contributor | Occupation of Individual Giving more than \$150  PAC Affiliation | Amount of<br>Cash,<br>Check, Loan or<br>other Receipt |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| NAME OF THE PERSON NAME OF THE P |                                 | Total Itemized Receipts for Period                               | \$2300.00                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Total Itemized Contributions of \$50 or Less                     | \$150.00                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Sale of Political Materials (Unitemized)                         | None                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Total Contributions When Contributor Not Known                   |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | TOTAL RECEIPTS THIS PERIOD (to line 2 of Summar                  | y) \$2300.00                                          |

# Schedule C Expenditures and Other Disbursements

## Carl D. Holmes for State Representative

| Date      | Name and Address                                              | Purpose of Expenditure or Disbursement | Amount   |
|-----------|---------------------------------------------------------------|----------------------------------------|----------|
| 1/7/2006  | Best Buy<br>1600 SW Wanamaker<br>Topeka KS 66604              | Printer, cable & toner                 | \$269.67 |
| 1/27/2006 | Pizza Hut Topeka<br>500 W. 10th<br>Topeka KS 66612            | Lunch for pages                        | \$76.07  |
| 2/6/2006  | Pizza Hut Topeka<br>500 W. 10th<br>Topeka KS 66612            | Lunch for pages                        | \$45.64  |
| 2/14/2006 | Topeka Capitol Journal<br>616 SE Jefferson<br>Topeka KS 66607 | Subscription for 6 months              | \$84.60  |
| 3/31/2006 | Pizza Hut Topeka<br>500 W. 10th<br>Topeka KS 66612            | Lunch for pages                        | \$45.64  |
| 4/28/2006 | Pizza Hut Topeka<br>500 W. 10th<br>Topeka KS 66612            | Lunch for pages                        | \$45.64  |
| 5/6/2006  | Sam's Club<br>1401 SW Wanamaker<br>Topeka KS 66604            | Labels for mailing                     | \$34.13  |
| 5/7/2006  | OfficeMax, Inc<br>2109 SW Fairlawn<br>Topeka KS 66614         | Toner                                  | \$54.78  |

#### Schedule C Expenditures and Other Disbursements

## Carl D. Holmes for State Representative

| Date                                    | Name and Address                                     | Purpose of<br>Expenditure<br>or Disbursement                              | Amount    |
|-----------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|-----------|
| 5/11/2006                               | Sam's Club<br>1401 SW Wanamaker<br>Topeka KS 66604   | Printer & warrenty                                                        | \$365.00  |
| 5/24/2006                               | Office Depot<br>1930 SW Wanamaker<br>Topeka KS 66604 | Labels & toner                                                            | \$392.15  |
| 5/24/2006                               | Sam's Club<br>1401 SW Wanamaker<br>Topeka KS 66604   | Labels                                                                    | \$39.13   |
| 6/12/2006                               | US Postal Service<br>Kansas City M                   | Postage                                                                   | \$361.20  |
| Total Itemized Expenditures This Period |                                                      |                                                                           | \$1813.65 |
|                                         | Total Unitemized Expenditures of \$50 or less        |                                                                           |           |
|                                         |                                                      | DTAL EXPENDITURES & OTHER DISBURSEMENTS HIS PERIOD (to line 4 of Summary) | \$1813.65 |